

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 005 ***150.00

DOCUMENT # P94000020126

1. Entity Name
MECHANICS FOR HAIR, INC.

Principal Place of Business 2652 ATLANTIC BLVD. JACKSONVILLE FL 32207	Mailing Address 2652 ATLANTIC BLVD. JACKSONVILLE FL 32207-3688
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2. Principal Place of Business 3132 Beach Blvd	3. Mailing Address 3132 Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32207	Zip 32207
Country USA	Country USA

4. FEI Number 59-3228609	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, LOUISE P
 2728 GREEN STREET
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Louise Wilson* DATE 4-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input type="checkbox"/> Delete
NAME WILSON, LOUISE	
STREET ADDRESS 2728 GREEN ST	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Louise Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-4-00 DAYTIME PHONE #: (904)396-4434

CR2E034 (9/99)